
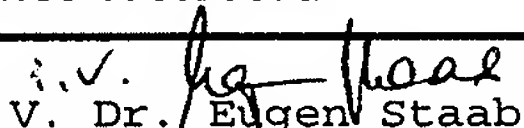


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/591,610
	Filing Date	September 5, 2006
	First Named Inventor	Mario SCHOLZ, <i>et al.</i>
	Art Unit	1796
	Examiner Name	Michael A. SALVITTI
	Attorney Docket Number	032301.592 (formerly 39509.236151)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application.			
<input checked="" type="checkbox"/> I hereby appoint the practitioners at Customer Number.: 00441			
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SIGNATURE of Applicant or Assignee of Record			
Signature	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  ppa. Dr. Hans-Ludwig Hirsch </div> <div style="text-align: center;">  i.v. Dr. Eugen Staab </div> </div>		
Name	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">(Authorised Officer)</div> <div style="text-align: center;">(Authorised Manager)</div> </div>		
Date	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">08/14/2009</div> <div>Telephone</div> </div>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.			

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